

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6711

63-047907
STATE FILE NUMBER

FILED DEC 27 1963

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Weldon L. Sportswear

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>GLADSTONE</u>	
Length of stay in 1b <u>10 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1310 ARMOUR BLVD.</u>		d. STREET ADDRESS (If outside, give location) <u>2112 WABASH DR.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWIN H. BARTLETT</u>		4. DATE OF DEATH Month Day Year <u>DEC 7 63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/15/72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL MILLS CO.</u>	
11a. FATHER'S NAME <u>JAMES L. BARTLETT</u>		11b. MOTHER'S MAIDEN NAME <u>SARAH VANDIVER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>JAMES BARTLETT, 2112 WABASH DR.</u>		18. NAME OF HUSBAND OR WIFE <u>SALLIE BARTLETT</u>	
Address <u>Gladstone, MO.</u>		19. BIRTHPLACE (City and state or country) <u>RAY COUNTY, MO.</u>	
20. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		21. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Degeneration</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Jan 14 1962</u> to <u>12-7-63</u> and last saw ^{her} alive on <u>11-27-63</u> Death occurred at <u>12-7-63 at 1:04 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Weldon L. Sportswear</u> (Degree or title)		22b. ADDRESS <u>8630 N. 10th St. KC Mo</u>	
22c. DATE SIGNED <u>12-10-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>SOUTH POINT</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12/9/63</u>	
23c. ADDRESS <u>Antioch Chapel</u>		23d. LOCATION (City, town, or county) <u>OPRICK MO.</u>	
24. FUNERAL DIRECTOR <u>Melody McGilley-Eylar</u>		25. DATE RECD. BY LOCAL REG. <u>12-11-63</u>	
3325 Vivion Rd. K.C. 19, MO.		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Kuller
8400 N. Oak St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James S. Hallman

Licensed Embalmer No. 4573

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.